

# Application for a New North Carolina Sleep Products Manufacturer's License

## Sleep Products Section

North Carolina Department of Agriculture & Consumer Services, Structural Pest Control & Pesticides Division

Phone: 919-571-4814, Fax: 919 571-4967

<http://www.ncagr.gov/SPCAP/sleep/>

NC General Statutes, 106-65.95 – 106-65.107. (Formerly 130A 261-273); 15A NCAC 18B .0201-.0212

(To be recodified-Title 2, under Structural Pest Control & Pesticide Division, NCDA&CS)

<b>Applying for Year:</b>	
Tax Number: (US Manufacturers list FID or EIN number. If outside the US, list the number assigned by the country where the factory is located)	
<b>Manufacturer's Name:</b>	<b>URN or Registration Number in Other State:</b>
Street Address (Box Number, Street Address, Rural Route, or Other):	
City, State, Zip (City, Town or Post Office, State and Zip Code):	Country (factory location):
<b>Plant Location</b> (Street Address):	County (if in NC)
Contact Person (Name and Title) and Mailing Address (if different from above):	Phone Number: Fax Number: Email:

Sleep Products Section, NCDACS regulates bedding products, including comforters, cushions, decorative pillows, pads, sofas, dual-purpose infant car seats and similar products. New applicants must pay a fee for a license to complete the current year. The amount of the fee depends on the business's start date in North Carolina, which is prorated quarterly (see below). For example, if business started within the months listed in the third quarter, the license fee is \$360.

**Note: When a regulated item has been found in North Carolina and the manufacturer is not licensed or registered, the manufacturer must pay a fee of \$720.00** unless satisfactory proof of "start date" is provided to this Section.

Please select the box below according to the above criteria. Write the check for that amount and make payable to Sleep Products, NCDACS. The check must be written on a US bank or US affiliate bank in US dollars.

Jan – Dec-	Unlicensed Operation	\$720.00 _____
1 <sup>st</sup> Quarter	January through March	\$720.00 _____
2 <sup>nd</sup> Quarter	April through June	\$540.00 _____
3 <sup>rd</sup> Quarter	July through September	\$360.00 _____
4 <sup>th</sup> Quarter	October through December	\$180.00 _____

**This application is for a manufacturer only and must be signed by an officer of the manufacturer with a legal authority to represent the company. A president, vice-president, and secretary treasure including a chief financial officer may sign for this application form.**

**In signing this application, I am verifying that all information is accurate and complete.**

\_\_\_\_\_  
Signature of Manufacturer's Officer (Name Printed): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

*The application cannot be processed without the following items. Please check the boxes as you include the items for mailing.*

- ☐ Actual Law Label so that the material, text and formatting can be examined for compliance with North Carolina General Statutes and the North Carolina Administrative Code.
- ☐ Copy of the current license from the other state that issued the registration number
- If you do not have a URN and are requesting assignment of a North Carolina number, you will be given 30 business days after licensing to have labels printed and samples returned to this office**
- ☐ Check made payable to: Sleep Products Section, NCDACS. (written on a US bank or US affiliate bank in US dollars).

**\$25.00 service charge will be added for any returned checks.**

**Mailing Address:**  
Sleep Products Section  
NCDACS, Structural Pest Control & Pesticide Division  
1631 Mail Service Center  
Raleigh, North Carolina 27699-1631

**\*\*\*\*\*Overnight Deliveries\*\*\*\*\***  
Sleep Products Section  
NCDACS, Structural Pest Control & Pesticides Division  
3825 Barrett Drive, Room 208  
Raleigh, North Carolina 27609

<b>NCDACS Office Use Only</b>	<b>Unlicensed Operation Number(s):</b>			
<b>Serial Number:</b>	<b>License#:</b>			
<b>Ck#:</b>	<b>Date:</b>	<b>Amount:</b>	<b>Deposit #:</b>	<b>Deposit Date:</b>